

BUREAU FOR MEDICAL SERVICES PFR	SONAL CARE SERVICES PROG	GRAM & IDD WAIVER DUAL SERVICES REQUEST						
MEMBER DEMOGRAPHICS – TO BE COMPLETED BY THE IDD WAIVER PROVIDER								
Date of Referral		Member's IDDW						
to PC Provider		Anchor Date						
Member's Name		Member's IDDW						
		Record ID						
ITEMS 1-3 MUST BE COMPLETED BY THE IDDW PROVIDER.								
ITEMS 4-5 MUST BE COMPLETED BY THE PC PROVIDER.								
THE PC PROVIDER MUST SUBMIT PAGE 1 OF THIS FORM WITH PC AUTHORIZATION REQUEST.								
 Member is using (authorized for) the maximum number of Direct Care service units in the IDDW program. 								
	e included in the IDDW	□Child – Units=Click here to enter text.						
•	Direct Care services?	□Adult – Units=Click here to enter text.						
Child (must have 7,320 units/service year)		HAddit - Offics-click field to effice text.						
 Adult (must 	have 11,680 units/service year)							
2. IDDW Member has an ICAP Service Level of 1, 2, 3 or 4 (Service Level ranges from 1 through								
9).								
	member's ICAP Service Level,	\square ICAP Service Level = <u>Click here to enter text.</u>						
as completed by th		and staffed action (manet reside in a biological or						
	nber does not reside in a 24-n amily or specialized family car	our staffed setting (must reside in a biological or						
•	OW residence does the	□Biological or Adoptive Family						
member reside?	vv residence does the	□Specialized Family Care Home						
member reside.		□ Waiver ISS						
/ Must have	a completed Personal Care P	□Waiver Group Home						
 4. Must have a completed Personal Care PAS. Has the PC PAS and request been submitted? □PC PAS is completed and attached to the request 								
rias the reras and	request been submitted:	□ PC PAS is completed and attached to the request						
in PC UMC web portal by the PC Provider 5. Must have a completed Personal Care Plan of Care.								
		DDW Service Coordinator, the Personal Care RN,						
and member/Legal Representative (if applicable)								
b. Must include a schedule outlining when IDDW and PC services are to be provided -								
THERE MAY BE NO DUPLICATION OF SERVICES.								
c. Must be attached in the IDDW UMC web portal by the SC.								
Have all of the following been attached in the		\square Meeting including IDDW and PC providers and						
appropriate web portal?		member/Legal Rep. if applicable was held						
		[DATE]: Click here to enter text.						
		☐PC Plan of Care includes a tentative schedule						
		☐PC Plan of Care has been attached in IDDW UMC						
		web portal by IDDW SC						

IDDW defines a "child" as anyone who is age 17 or under. If the individual is age 18 or older, they are considered in the "adult" category.

- For a child in IDDW wishing to access dual services, the maximum number of Direct Care units is defined as 7,320 (15-minute) units.
- For an adult in IDDW wishing to access dual services, the maximum number of Direct Care units is defined as 11,680 (15-minute) units.



PERSONAL CARE SERVICES PROGRAM & IDD WAIVER DUAL SERVICES REQUEST

The IDD Waiver services below are defined per policy as Direct Care services. Please note that Respite Care is not considered a Direct Care service in IDD Waiver.

					Adult Limit	Child Limit
		Service	Code	Unit	- Units	- Units
Direct Care Services Day Services		Facility Based Day Habilitation (1:1-2)	T2021U5	15 min		
	Facility Based Day Habilitation (1:3-4)	T2021U6	15 min			
	Facility Based Day Habilitation (1:5-6)	T2021U7	15 min			
	Job Development 1:1	T1019HB	15 min			
	Pre-vocational Training 1:1-2	T2021U1	15 min			
	Pre-vocational Training 1:3-4	T2021U2	15 min			
	Pre-vocational Training 1:5-6	T2021U3	15 min			
		Supported Employment (1:1)	T2019	15 min	_	
		Supported Employment (1:2-4)	T2019HQ	15 min		
	Family Person-Centered Support (1:1)	S5125U5	15 min	11,680 units per member's service year	7,320 units per member's service year	
	Family Person-Centered Support (1:2)	S5125U6	15 min			
	Family Person-Centered Support (1:1)— Personal Options	S5125UA	15 min			
	Home-Based Person-Centered Support (1:1)	S5125U7	15 min			
	Home-Based Person-Centered Support (1:2)	S5125U8	15 min			
	Licensed Group Home Person-Centered Support (1:1)	S5125U1	15 min			
	Licensed Group Home Person-Centered Support (1:2)	S5125U2	15 min			
	Licensed Group Home Person-Centered Support (1:3)	S5125UD	15 min			
	Licensed Group Home Person-Centered Support (1:4)	S5125UQ	15 min			
	Skilled Nursing - LPN (1:1)	T1003U4	15 min			
	Skilled Nursing - LPN (1:2)	T1003U3	15 min			
	Skilled Nursing - LPN (1:3)	T1003U2	15 min			
	Unlicensed Residential Person-Centered Support (1:1)	S5125HI	15 min			
	Unlicensed Residential Person-Centered Support (1:2)	S5125UN	15 min			
		Unlicensed Residential Person-Centered Support (1:3)	A5125U3	15 min		
	Unlicensed Residential Person-Centered Support (1:1)—Personal Options	S5125UD	15 min			